

Notice of Exempt
Offering of Securities

# File Copy

U.S. Securities and Exchange Commission

Washington, DC 20549

#### (See instructions beginning on page 5)

Expires: February 28, 2009

Estimated average burden

Estimated average burden hours per response: 4.00

OMB APPROVAL
OMB Number: 3235-0076

Intentional misstatements or Item 1. Is suer's Identity	omissions of fact cons	titute federal criminal viol	lations. See 18 U.S.C. 1001.
Name of Issuer  Motally, Inc.  Jurisdiction of Incorporation/Organization  Delaware  Year of Incorporation/Organization (Select one	nis box and identif		Entity Type (Select one)  Corporation Limited Partnership Limited Liability Company General Partnership Business Trust Other (Specify)  ottaching Items 1 and 2 Continuation Page(s).)
Street Address 1	Contactinionia	Street Address 2	
177 Townsend Street		#1030	PROCESSED
<u> </u>	e/Province/Country	ZIP/Postal Code	Phone No.
San Francisco CA		94107	(415) 640-2133 MAR 1-7 2009
Item 3. Related Persons			THOMSON REUTERS
Last Name	First Name		Middle Name
Merritt	Arthur	<del></del>	
Street Address 1	J (	Street Address 2	
177 Townsend Street		#1030	
City State	State/Province/Country		09004806
San Francisco CA	_	94107	09004800
Relationship(s): X Executive Officer X Dir	ector Promoter		
Clarification of Response (if Necessary)			
· L	·	s by checking this box 🗵	and attaching Item 3 Continuation Page(s). )  Construction
Banking and Financial Services  Commercial Banking	Energy Elect	tric Utilities	REITS & Finance  Residential State IVING PERSE
Insurance Investing	Ÿ	gy Conservation Mining	Other Real Estate Set 1100
Investment Banking	$\mathbf{O}$	ronmental Services	O Retailing MAR 0 3 2009
Pooled Investment Fund	Oil 8	Gas	
If selecting this industry group, also select one type below and answer the question below:  Hedge Fund	Health C	er Energy <b>are</b> echnology	Technology Washington, DC Computers 111 Telecommunications
Private Equity Fund	$\underline{\underline{\hspace{0.5cm}}}$	th Insurance	Other Technology
Venture Capital Fund	$\subseteq$	itals & Physcians	Travel Airlines & Airports
Other Investment Fund  Is the issuer registered as an investment	<u> </u>	maceuticals	Lodging & Conventions
company under the Investment Compan Act of 1940? Yes No	y Manufac	<del>-</del>	Tourism & Travel Services Other Travel
Other Banking & Financial Services	Real Esta	i <b>te</b> mercial	Other

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Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)  No Revenues  \$1 - \$1,000,000  \$1,000,001 - \$5,000,000  \$5,000,001 - \$25,000,000  \$25,000,001 - \$100,000,000  Over \$100,000,000  Decline to Disclose  Not Applicable  Item 6. Federal Exemptions and Exclusions Cla	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)  No Aggregate Net Asset Value  \$1 - \$5,000,000  \$55,000,001 - \$25,000,000  \$50,000,001 - \$50,000,000  Over \$100,000,000  Decline to Disclose  Not Applicable
Rule 504(b)(1) (not (i), (ii) or (iii))  Rule 504(b)(1)(i)  Rule 504(b)(1)(ii)  Rule 504(b)(1)(iii)  Rule 505  Rule 506  Securities Act Section 4(6)	Section 3(c)(1)
New Notice OR Amendmer  Date of First Sale in this Offering: February 6, 2009  Item 8. Duration of Offering  Does the issuer intend this offering to last more than	OR First Sale Yet to Occur
_	all that apply)
Equity  Debt  Option, Warrant or Other Right to Acquire Another Security  Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	<ul> <li>□ Pooled Investment Fund Interests</li> <li>□ Tenant-in-Common Securities</li> <li>□ Mineral Property Securities</li> <li>☑ Other (Describe)</li> </ul> Series A Preferred Stock
Item 10. Business Combination Transaction	
Is this offering being made in connection with a busin transaction, such as a merger, acquisition or exchange offe Clarification of Response (if Necessary)	1 1 · · · · ·   1 · · · · ·

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Item 11. Minimum Investment
Minimum investment accepted from any outside investor \$ 0
Item 12. Sales Compensation
Recipient Recipient CRD Number
N/A No CRD Number
(Associated) Broker or Dealer None (Associated) Broker or Dealer CRD Number
□ No CRD Number
Street Address 1 Street Address 2
City State/Province/Country ZIP/Postal Code
States of Solicitation All States
AL AK AZ AR CA CO CT DE DC FL GA HI ID  IL IN IA KS KY LA ME MD MA MI MN MS MO  MT NE NV NH NJ NM NY NC ND OH OK OR PA  RI SC SD TN TX UT VT VA WA WO WI WI WY PR  (Identify additional person(s) being paid compensation by checking this box and attaching Item 12 Continuation Page(s).  Item 13. Offering and Sales Amounts
• [
(a) Total Offering Amount  Supering Amount  OR Indefinite
(b) Total Amount Sold 999,999.94
(c) Total Remaining to be Sold (Subtract (a) from (b))  OR Indefinite
Clarification of Response (if Necessary)
Item 14. Investors
Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering:
Enter the total number of investors who already have invested in the offering:
Item 15. Sales Commissions and Finders' Fees Expenses
Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.
Sales Commissions \$ 0 Estimate
Clarification of Response (if Necessary)  Finders' Fees \$ 0

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m 16. Use of Proceeds	· · · · · · · · · · · · · · · · · · ·
vide the amount of the gross proceeds of the offering that has be defored friendly to be name ctors or promoters in response to Item 3 above. If the amount mate and check the box next to the amount.	ed as executive officers, \$ U.UU
Clarification of Response (if Necessary)	
nature and Submission	
Please verify the information you have entered and review	w the Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, e	each identified issuer is:
process, and agreeing that these persons may accept se such service may be made by registered or certified mai against the issuer in any place subject to the jurisdiction activity in connection with the offering of securities that provisions of: (i) the Securities Act of 1933, the Securities Company Act of 1940, or the Investment Advisers Act of State in which the issuer maintains its principal place of	e of business and any State in which this notice is filed, as its agents for service of rivice on its behalf, of any notice, process or pleading, and further agreeing that I, in any Federal or state action, administrative proceeding, or arbitration brought of the United States, if the action, proceeding or arbitration (a) arises out of any is the subject of this notice, and (b) is founded, directly or indirectly, upon the Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the business or any State in which this notice is filed.
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States t "covered securities" for purposes of NSMIA, whether in all insta	the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, to require information. As a result, if the securities that are the subject of this Form D are inces or due to the nature of the offering that is the subject of this Form D, States cannot otherwise and can require offering materials only to the extent NSMIA permits them to do
Each identified issuer has read this notice, knows the cor undersigned duly authorized person. (Check this box	ntents to be true, and has duly caused this notice to be signed on its behalf by the and attach Signature Continuation Pages for signatures of issuers identified
in Item 1 above but not represented by signer below.)	
in Item 1 above but not represented by signer below.) Issuer(s)	Name of Signer
Issuer(s)	Name of Signer
Issuer(s)  Motally, Inc.	Name of Signer Arthur Merritt

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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### **Item 3 Continuation Page**

Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name
Ebinger	Jonathan		
Street Address 1		Street Address 2	
545 Middlefield Road		Suite 210	
City	State/Province/Country	ZIP/Postal Code	
Menlo Park	CA	94025	
Relationship(s): Executive Officer	▼ Director		
Clarification of Response (if Necessary)		· · · · · · · · · · · · · · · · · · ·	
Last Name	First Name		Middle Name
Malloy	John		
Street Address 1		Street Address 2	
545 Middlefield Road		Suite 210	
City	State/Province/Country	ZIP/Postal Code	<del> </del>
Menlo Park	CA	94025	
Relationship(s): Executive Officer	Director Promoter		
	N Director   Normator	·	***
Clarification of Response (if Necessary)			
<del> </del>			<del></del>
Last Name	First Name		Middle Name
Street Address 1		Street Address 2	
City	State/Province/Country	ZIP/Postal Code	
Relationship(s): Executive Officer	Director Promoter		
<u> </u>			
Clarification of Response (if Necessary)			
	<del></del>	<del></del> -	· <del>-</del>
Last Name	First Name		Middle Name
Street Address 1		Street Address 2	
City	State/Province/Country	ZIP/Postal Code	
City	State/Province/Country	ZIP/Postal Code	
		ZIP/Postal Code	. (1)
	State/Province/Country  Director Promoter	ZIP/Postal Code	END